

STATE OF WASHINGTON

WASHINGTON STATE BOARD OF HEALTH

1102 SE Quince Street • PO Box 47990 Olympia, Washington 98504-7990

February 22, 2005

The Honorable Karen Keiser, Chair Senate Health & Long Term Care Committee Post Office Box 40433 Olympia, Washington 98504-0433

Dear Senator Keiser,

I am writing as chair of the Washington State Board of Health to express the Board's support for Senate Bill 5592 and to oppose Senate Bill 5909. Both bills address smoking in public places and are scheduled to be heard before your committee tomorrow.

Currently, some public places, namely restaurants, taverns, bars, skating rinks and bowling alleys, are not covered by the Clean Indoor Air Act ban on smoking in public places. SB 5592 would remove that exemption statewide. It would also remove provisions for designated smoking areas. The Board's policy goal is to reduce the toll of death and disease brought about by exposure to environmental tobacco smoke—and the Board endorses any and all efforts that would achieve that end. In contrast, SB 5909 would not limit smoking in public places and would not provide protection for employees and patrons of the hospitality industry. SB 5909 would require businesses to install potentially costly ventilation systems or construct physical barriers that will not remove or prevent the distribution of the toxins emitted through secondhand tobacco smoke. SB 5909 would also preclude local communities from pursuing other regulations that would be more effective.

Evidence of the harm to people's health from exposure to secondhand smoke is clear. Secondhand smoke is a known carcinogen according to the National Cancer Institute. It contributes to respiratory illness and heart disease. An estimated 53,000 non-smokers die prematurely each year because of exposure to secondhand smoke, making it the third leading cause of preventable death in the country (Glantz, S.A. & Parmley, W., "Passive Smoking and Heart Disease: Epidemiology, Physiology, and Biochemistry," Circulation, 1991; 83(1): 1-12; and, Taylor, A., Johnson, D. & Kazemi, H., "Environmental Tobacco Smoke and Cardiovascular Disease," Circulation, 1992; 86: 699-702).

Of particular concern is the health of workers in public places where smoking is permitted. During a single shift, these individuals may inhale as much smoke as they would if they smoked half a pack or more. Unfortunately, workers often do not have a choice about where they work in the current economy. Office workers are protected from secondhand smoke under the Washington Industrial Safety and Health Act. Workers in the hospitality and entertainment industries deserve the same protections against unwanted exposures to toxic chemicals in the workplace.

As a public health policy board, the State Board of Health is sensitive to economic concerns. We in public health recognize that economic factors—jobs, housing, etc.—influence the health status of individuals and communities. We have been pleased, therefore, to see that several studies in other states have shown that business for restaurants and bars either increased when smoking was banned or experienced no significant change in revenue. A July 2003 study by the New York State Department of Labor, for example, found no negative economic impact from a smoking ban in bars and restaurants in New York City. Employment increased by about 1,500 seasonally adjusted jobs in the three months following enactment of the law.

While I recognize that Washington State's economy differs in many ways from states where the impacts of these policies have been studied, arguments about harm to businesses are at least unproven. The available medical and economic research clearly suggests that removing the current exemption would increase the health and well-being of Washington residents.

I would also like to offer a technical comment concerning Section 5 of SB 5592. The bill would eliminate existing language specifying a fine for each day of violation. The bill should clarify the kind of incident—each smoking patron, for instance, or each day in which smoking is observed—that constitutes a discrete violation. Otherwise, the bill might be construed as weakening penalties.

Thank you for your attention to this pressing public health issue.

Sincerely,

Thomas Locke, MD, MPH

Chair, Washington State Board of Health

cc: Senate Health and Long Term Care Committee Members

Senator Rosemary McAuliffe

Washington State Board of Health Members

Mr. Craig McLaughlin, Washington State Board of Health

Ms. Christina Hulet, Governor's Executive Policy Office

Ms. Chris Townley, Department of Health